

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/6075301

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1	1	1	1		
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TOTAL	1	1	1	1		
TOTAL	10		9			
TOTAL	11		10			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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